# LA1000326824

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900370108909

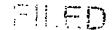
SECTION 16 ANIO: 34

021 JUL 16 PH 3: 23

# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/16/2021	_	401	VALK	Th/res
ENTITY NAME Ellie	Designs LLC	•	VALA	<i>H</i> ∢
				<del></del>
DOCUMENT NUMBER				
	**PLEASE FILE THE ATTACHED AND	PRETURN**		
xxxx	Plain Copy		2021	
	Certified Copy	•	 	- ;
	Certificate of Status		<u>ー</u> び	
	***************************************	;	arphi	
	*PLEASE OBTAIN THE FOLLOWING FOR TH	E ABUVE ENTITY "	22	
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing			
	**APOSTILLE' / NOTARIAL CERTI	FICATION**	_	
COUNTRY OF DESTINA	TTON			
NUMBER OF CERTIFICA	ATES REQUESTED			
TOTAL OWED \$125.0	0 ACCC	DUNT #: I20160000072		
<del>-</del>		5 8 FM		
DO DOTO	the above number for any issues or con	•	, ,	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2021 JUL 16 AM 10: 35

SECRETAIN OF STATE
TALLA HAS SEE, FL

Mailing Address:

Fillie	Designs	$\Gamma \Gamma C$
LILL	17Cargua	

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	The state of the s
250 Cypress Point Drive	250 Cypress Point Drive
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418
	<del>-</del>

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lau	ra Rudman	
1	lame	
250 Cypr	ess Point Drive	
Florida street address (I	P.O. Box <u>NOT</u> a	cceptable)
Palm Beach Gardens	FL	33418
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Laura Rudman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Λ	R	Т	Ī	C	1.	F.	ı	V	_

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = A "MGR" = Ma	Name and Address; uthorized Member nager	
AMBR	Laura Rudman  250 Cypress Point Drive Palm Beach Gardens, FL 33418	
(Use attachme	ent if necessary)	
If an effective date is I he date of filing.) <u>Note:</u> If the date insert	e date, if other than the date of filing:	
he document's effectiv	ovisions, if any.	
REOUIRED !	SIGNATURE:	
	/S/ Laura Rudman	
	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
	Constitutes a third degree felony as provided for in s.817.155, F.S.  Laura Rudman  Typed or printed name of signee  Filing Foors.	
\$125.00 Filir	Filing Fees:  The second of Program of Registered Agent  The second of Program of Registered Agent	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)